

**BEST AVAILABLE COPY**

PTO/SB/05 MODIFIED BY AT&amp;T CORP.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	2001-0027	Total Pages	
First Named Inventor or Application Identifier					
Matthew J Sherman					
		Express Mail Label No.	EV 007410760 U.S.		

<b>APPLICATION ELEMENTS</b> See MPEP chapter 800 concerning utility patent application contents.	<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Washington, D.C. 20231
---	---

1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages 16] <i>(preferred arrangement set forth below)</i> - Descriptive title of invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 4] 4. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 17 below]</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</i> 5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b> 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS/PTO-1449) Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input checked="" type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 16. <input type="checkbox"/> Other:
---	---

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No: \_\_\_\_\_  
 Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

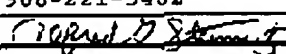
  

<b>18. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		Customer Number - 26652		or <input type="checkbox"/> Correspondence address below	

NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America	FAX	732-368-6932		

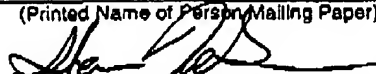
<b>19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
NAME	Alfred G. Steinmetz	Reg. #	22971
TELEPHONE	908-221-5462		
SIGNATURE			DATE
		01/10/2002	

"Express Mail" Mailing Label Number EV 007410760 U.S. Date of Deposit 01/10/2002

I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington D.C., 20231

Shawn McGee  
 (Printed Name of Person Mailing Paper)  
  
 (Signature of Person Mailing Paper)

BEST AVAILABLE COPY


**POST OFFICE  
TO ADDRESSEE**


EV 007410760 US

RETURN (POSTAL USE ONLY)

PO ZIP Code <b>07910</b>	Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in <b>6-10-05</b>	Time in <b>12:00 PM</b>	Postage <b>\$ 12.45</b>
Weight <b>7 lbs.</b>	Acceptance Clerk Initials <b>PC</b>	Return Receipt Fee <b>\$ 12.45</b>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	INS Alpha Country Code	COD Fee
Insurance Fee		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE**

☐ **WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Customer Signature

Customer Copy  
Label 11-F August 2000

**CUSTOMER USE ONLY**  
METHOD OF PAYMENT: **4077292**  
Ex/003 Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE: ( )

ED LAN  
NBY CORP  
195 N MAPLE AVE  
BASKING RIDGE

NJ 07920-1025

TO: (PLEASE PRINT)

PHONE: ( )

U.S. Patent & Trademark Office  
P. O. Box 2327 (Patent Appl.)  
Arlington, VA 22202

2001-0227 ACS/led

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com



BEST AVAILABLE COPY



EV 007410760 US

**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE®

**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Date In	<input type="checkbox"/> 1st Noon <input type="checkbox"/> 3 PM	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Time In	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Weight	1st Alpha Country Code	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
No Delivery	Acceptance Clerk Initials	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Postage	Return Receipt Fee	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
COO Fee	Insurance Fee	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Total Postage & Fee		Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM

FROM ADDRESSEE		TO: ADDRESSEE	
IP LAW	PHONE ( )	U.S. Patent & Trademark Office	PHONE ( )
AT&T CORP		P. O. Box 2327 (Patent Appl.)	
295 N MAPLE AVE		Arlington, VA 22202	
BASKING RIDGE			

POSTAGE & FEES	
2001-0027 AGS/fad	
FOR PICKUP OR TRACKING CALL 1-800-222-1811	
WWW.USPS.COM	

Mailing Label  
Label 11-F August 2000

F21

321 / 50